



# TRANSMITTAL FORM

Application Serial Number	10/698,970
Filing Date	October 31, 2003
First Named Inventor	Anderson
Group Art Unit	3762
Examiner Name	Not yet assigned
Attorney Docket No.	CDL-026C3
Patent No.	Not applicable
Issue Date	Not applicable

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Check Attached <input checked="" type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application (PTO-1553)	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)
<input checked="" type="checkbox"/> Amendment/Response <input checked="" type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Formal Drawing(s)	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input type="checkbox"/> Petition for Extension of Time	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Appeal Brief (in triplicate)
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Return Receipt Postcard
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
	<input type="checkbox"/> CD(s) for large table or computer program	
	<input type="checkbox"/> Amendment After Allowance	

### CERTIFICATE OF FIRST CLASS MAILING UNDER 37 C.F.R. 1.8

I hereby certify that this correspondence, and any document(s) referred to as enclosed herein, is/are being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 2nd day of June, 2005.

Jean Gomez

## CORRESPONDENCE ADDRESS

Direct all correspondence to: Patent Administrator  
Proskauer Rose LLP  
One International Place  
14<sup>th</sup> Floor  
Boston, MA 02110-2600  
Tel. No.: (617) 526-9600  
Fax No.: (617) 526-9899

## SIGNATURE BLOCK

Date: June 2, 2005  
Reg. No.: 56,471  
Tel. No.: (617) 526-9717  
Fax No.: (617) 526-9899

Respectfully submitted,  
  
Scott K. Witonsky  
Atty/Agent for the Applicant(s)  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110-2600

# **FEE TRANSMITTAL** **FY 2005**

JUN 06 2005

Complete if Known

Application Serial Number	10/698,970
Filing Date	October 31, 2003
First Named Inventor	Anderson
Group Art Unit	3762
Examiner Name	Not yet assigned
Attorney Docket No.	CDL-026C3

## **METHOD OF PAYMENT**

☒ Payment:

☒ Deposit Account Charge

☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 50-3081

☒ Required Fees (copy of this sheet enclosed).

☒ Additional fee required under 37 CFR 1.16 and 1.17.

☒ Overpayment Credit.

☐ Applicant claims small entity status.

## **FEE CALCULATION**

### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing	Search	Examination	Fee Paid
Utility	300	500	200	
Design	200	100	130	
Plant	200	300	160	
Reissue	300	500	600	
Provisional	200	0	0	

*Small Entity Discount*

**1. TOTAL**

0.00

### **2. EXCESS CLAIM FEES**

Fee

Small Entity Fee (\$)

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent.

50

25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent.

200

100

Total Claims

Extra Claims

Fee Paid (\$)

30

- 20 or HP=

10

X \$ = \$50

500.00

HP = highest number of total claim paid for, if great than 20

Indep. Claims

Extra Claims

Fee Paid (\$)

4

- 4=

0

X \$ = \$200

0.00

HP = highest number of total claim paid for, if great than 3

Multiple Dependent Claims

Fee(\$)

Small Entity fee (\$)

Fee Paid (\$)

360

180

**2. TOTAL:**

500.00

### **3. APPLICATION SIZE FEE**

If the specification and drawing exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Additional 50 or fraction thereof	Fee (\$)	Fee Paid
-100 =	0 =	round up to a whole number	x	= 0.00

**3. TOTAL:**

0.00

## **CORRESPONDENCE ADDRESS**

Direct all correspondence to:

Patent Administrator  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110  
Tel. No.: (617) 526-9600  
Fax No.: (617) 526-9899

## **FEE CALCULATION (continued)**

### **4. ADDITIONAL FEES**

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	Request for ex parte re-examination	
120	60	Extension for reply within 1 <sup>st</sup> mo.	
450	225	Extension for reply within 2 <sup>nd</sup> mo.	
1,020	510	Extension for reply within 3 <sup>rd</sup> mo.	
1,590	795	Extension for reply within 4 <sup>th</sup> mo.	
2,160	1,080	Extension for reply within 5 <sup>th</sup> mo.	
500	250	Notice of Appeal	
500	250	Filing a brief in support of an appeal	
1,000	500	Request for oral hearing	
400	0	Petitions to the Director	
180	180	Submission of IDS	
790	395	Filing a submission after final rejection (37 CFR 1.129(a))	
790	395	For each additional invention to be examined (37 CFR 1.129(b))	
100	100	Certificate of Correction for applicant's error	
110	55	Submission of Terminal Disclaimers (2)	
		Other fee (Specify)	
		Other fee (Specify)	

**TOTAL AMOUNT SUBMITTED**

(\$) 500.00

## **SIGNATURE BLOCK**

Respectfully submitted,

Date: June 2, 2005

Reg. No.: 56,471

Tel. No.: (617) 526-9717

Fax No.: (617) 526-9899

Scott K. Witonsky  
Atty/Agent for the Applicant(s)  
Proskauer Rose LLP  
One International Place  
Boston, MA 02110

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~~01 FC:1202 500.00 DA~~



PATENT  
Attorney Docket No.: CDL-026C3

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANTS: Anderson et al. CONF. NO. 8805  
SERIAL NO.: 10/698,970 GROUP NO.: 3762  
FILING DATE: October 31, 2003 EXAMINER: Not yet assigned  
TITLE: Method and Apparatus for Treating Wrinkles in Skin Using Radiation

Mail Stop Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**SECOND PRELIMINARY AMENDMENT**

Applicants respectfully request entry of this preliminary amendment and consideration of the following remarks before beginning examination of the above-identified patent application. Applicants believe that after entry of this amendment, 30 total claims will be pending. Applicants therefore hereby authorize the Commissioner to charge to Attorney's Deposit Account No. 50-3081 the requisite fee for the addition of 10 claims to this application. In the event any additional fees are due, the Commissioner is hereby authorized to charge for this submission any such fees to Attorney's Deposit Account No. 50-3081.

- **Amendments to the Claims** begin on page 2 of this paper.
- **Remarks** begin on page 7.

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